URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-038730

FILED VS NOV 9 1960

Registration District No. 156 Primary Registration District No. 200 Registrar's No. 514 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY: Jasper	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin — Length of stay in 1b: 9 Days	c. CITY OR TOWN: Carthage — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Freeman Hospital — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location): Route # 4 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Lura Middle: Elizabeth Last: Going	4. DATE OF DEATH Month: October Day: 30, Year: 1960
5. SEX: Female — 6. COLOR OR RACE: White — 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 11-3-~~1893~~ 1894 — 9. AGE (last birthday): ~~66~~ 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Housewife	11. BIRTHPLACE (City and state or country): Jasper Co. Missouri — 12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John Schaller — 13b. MOTHER'S MAIDEN NAME: Alice May Ropp	14. NAME OF HUSBAND OR WIFE: Jake Joseph Going
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: 499-22-3183	17. INFORMANT Address: Jake J. Going, Carthage, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cirrhosis of liver. — INTERVAL BETWEEN ONSET AND DEATH: Unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ — 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Oct. 20, 1960, to Oct. 30, 1960 and last saw her/him alive on Oct. 30, 1960

Death occurred at 11:00 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John W. Kohler M.D.	22b. ADDRESS: Joplin, Missouri	22c. DATE SIGNED: 11-1-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 11-2-60	23c. NAME OF CEMETERY OR CREMATORY: Park Cemetery	23d. LOCATION (City, town, or county) (State): Carthage, Missouri
24. FUNERAL DIRECTOR ADDRESS: Ulmer Funeral Home, Carthage, Mo.	25. DATE RECD. BY LOCAL REG.: 11-2-1960	26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

16	499-22-3183	was left blank
9	65	66

BY AFFIDAVIT OF informant DOCUMENT

12/7/60 12/7/60

NOV 10 1960

DEC 7 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 495

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.